

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7065

State File No.

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>2090</u>		Registrar's No. <u>468</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>WEBSTER GROVES</u>		c. LENGTH OF STAY (in this place) <u>5 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>WEBSTER GROVES</u>		d. STREET ADDRESS (If rural, give location) <u>307 S FOREST 458</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>307 S FOREST</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>BERWICK</u>		c. (Last) <u>MONTEATH</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 21-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT 10-1865</u>		9. AGE (In years last birthday) <u>84</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>GLASGOW SCOTLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ALEXANDER CLARK</u>		13b. MOTHER'S MAIDEN NAME <u>MARY SALMON</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN MONTEATH</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Robert H. Russell</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Vascular Encephalopathy</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension and Arterio-sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 18, 1945</u> , to <u>Feb. 21, 1950</u> , that I last saw the deceased alive on <u>Feb. 21, 1950</u> , and that death occurred at <u>12:20</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. B. Russell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>19 E. Lockwood, Webster Groves, Mo.</u>				23c. DATE SIGNED <u>FEB-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>2-22-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAKLAND MAUSOLEUM</u>		24d. LOCATION (City, town, or county) (State) <u>LITTLE ROCK ARK.</u>	
DATE REC'D BY LOCAL <u>FEB 22 1950</u>		REGISTRAR'S SIGNATURE <u>Robert H. Russell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parker and Co. Funeral Home</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.